



RELEASE OF INFORMATION TO ACCREDITED REPRESENTATIVE

VETERANS AFFAIRS

SFN 58538 (3-2007)

		Date
Name of Veteran	VA File Number	Social Security Number
Name of Claimant (if other than veteran)	Relationship to Veteran	

Name of Appointed Service Organization Recognized by the USDVA
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I have appointed the above named Service Organization as my accredited representative to present my claim for benefits from the United States Department Veterans Affairs (VA) based on the service of the above-named veteran.

The accredited representative named above is authorized to disclose information about my VA claim to the County Veterans Service Office named below.

I also authorize the accredited representative named above to release to the County Service Office named below information or access to records protected by 38 U.S.C. 7 related to the diagnosis, treatment, or other therapy for the condition(s) of drug abuse, infection with Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia, which may be contained or maintained in the VA claimant's record.

Name of County Veterans Service Office (not individual(s))			
Address	City	State	Zip Code

Signature of Claimant	Date
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Distribution:

Original - U.S. Department of Veterans Affairs

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